		Date	
Name			
Home Address			
Business Address			
Home Number	()	_	
Business Number	()	_	
Fax Number	()	Email	
Key people in your l	ife/relationship		

(2) When you attain those results, how will it feel?
(3) Coach's Role (What do you expect/desire from me?):
(4) Life Principles (What principles guide your life/decisions/choices?):
(5) Key Values (What do you value?):

(6)	List at least five of your personal strengths, or assets:
(7)	List at least five of your time wasters, excuses, etc.:
(8)	List at least five incompletions (Items you need to complete in order to experience a sense of "freedom," e.g., clean a closet, balance checkbook, communicate with someone, etc.) Please be specific:

(9) List at least ten choices or goals (specific, measurable, dated):

(10) What are you committed to for your quality of life?:

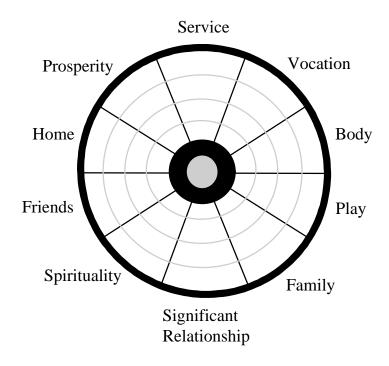
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(11) List ten routine HABITS (Indicate (C) Current/(D) Desired):

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10	

(12) We will complete this one together:

Wheel of Life



(13) Describe how you want your life to be in five years:
(14) This space is for you to address anything else you may wish to express: